

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031157

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 291

FILED SEP 3 1963

1. PLACE OF DEATH

a. COUNTY Adair

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Adair

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kirksville

Length of stay in 1b

c. CITY OR TOWN Kirksville

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 819 E. Washington

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
819 E. Washington

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First
Jesse

Middle
Mac

Last
Dawkins

4. DATE OF DEATH

Month Day Year
8/18/63

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/6/80

9. AGE (last birthday)

82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clergyman

10b. KIND OF BUSINESS OR INDUSTRY
Religion

11. BIRTHPLACE (City and state or country)
Schuyler Co. Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James A. Dawkins

13b. MOTHER'S MAIDEN NAME

Hannah Coffey

14. NAME OF HUSBAND OR WIFE

Maude Dawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

G. E. Dawkins, Kirksville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1/2 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Had two previous cerebral accidents

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov 26, 1962 to August 18, 1963 and last saw her alive on August 4, 1963
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1400 S. Jefferson St.
Kirksville, Mo.

22c. DATE SIGNED

8-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/28/63

23c. NAME OF CEMETERY OR CREMATORY

Queen City Cemetery

23d. LOCATION (City, town, or county)

Queen City, Mo.

24. FUNERAL DIRECTOR

Davis & Davis-Kirksville

ADDRESS

25. DATE RECD. BY LOCAL REG.

Aug. 27, 1963

26. REGISTRAR'S SIGNATURE

Doris W. Rattiff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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SEP 13 1963

IRA C. FARMER, D.O.

No permit issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert B. Davis

Licensed Embalmer No.

4219

P. O. Address

Richville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.